

CLAIMS ONLY

~~Application Number~~

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT					
	Indep	Depend	Indep	Depend	Indep	Depend				
1	I						51			
2		I					52			
3		I					53			
4							54			
5							55			
6	I						56			
7		I					57			
8		I					58			
9	I						59			
10		I					60			
11		I					61			
12		I					62			
13	I						63			
14		I					64			
15		I					65			
16		I					66			
17		I					67			
18		I					68			
19							69			
20							70			
21							71			
22							72			
23							73			
24							74			
25							75			
26							76			
27							77			
28							78			
29							79			
30							80			
31							81			
32							82			
33							83			
34							84			
35							85			
36							85			
37							87			
38							88			
39							89			
40							90			
41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
Total Indep							Total Indep			
Total Depend							Total Depend			
Total Claims							Total Claims			